| ORDER FOR SUPPLIES OR SERVICES  |   |              |      |                      |                          |                       |                     |   |  |   |                                    |                          | Form Approved        |             |                                | Page 1 Of 4   |                              |                       |          |  |  |  |
|---|---|--------------|------|----------------------|--------------------------|-----------------------|---------------------|---|--|---|------------------------------------|--------------------------|----------------------|-------------|--------------------------------|---------------|------------------------------|-----------------------|----------|--|--|--|
| 10 10 10 1 10 1 10 10 10 10 10 10 10 10   |   |              |      |                      |                          |                       |                     |   |  |   |                                    | 040 1 4 7 4              |                      |             |                                |               |                              | 5. Certified for      |          |  |  |  |
| 1. Contract/Purch Order No. 2. De   |   |              |      |                      |                          | 2. Delivery Order No. |                     |   |  | 3. Date Of Order                                      |                                    | 4. Requisition/Purch Rec |                      |             | Reques                         | t No.         | tional Defense DMS Reg 1 Pri |                       |          |  |  |  |
|   |   |              |      |                      |                          | Code                  |                     |   |  | niniste   |                                    |                          |                      | Code S1403A |                                |               | 403A                         | 8. Delivery FO        | R        |  |  |  |
| ACALA   |   |              |      |                      |                          |                       |                     | 1105  | 7. Administered By (If other than 6)  DCMC CHICAGO |   |                                    |                          |                      |             | Couc                           | 51            | 103A                         | 6. Delivery Pos       | J        |  |  |  |
| AMSTA-AC-PCW-B<br>KATHY A WARNER (309) 782-3148   |   |              |      |                      |                          |                       |                     |   |  |   |                                    | NATIONAL                 | AIRP                 | PORT        |                                |               |                              | X Dest                |          |  |  |  |
|   |   |              |      | 1299-7630            |                          |                       |                     |   |  |   | OX 6691                            |                          | 011                  |             |                                |               |                              | Other                 |          |  |  |  |
| EMATI · WADNEDVODTA ADMV MTI  |   |              |      |                      |                          |                       |                     |   |  | CHICAGO IL 60666-0911                                 |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| EMAIL: WARNERK@RIA.ARMY.MIL  SCD C  |   |              |      |                      |                          |                       |                     |   |  |   | PAS NONE ADP PT SC1002             |                          |                      |             |                                |               | 002                          | (See Schedule i       | f other) |  |  |  |
| 9. Cont   | ractor  |              |      |                      | Code                     | 3W54                  | 3W544 Facility Code |   |  |   | 10. Deliver To FOI                 |                          |                      | o FOB       |                                |               |                              | 11. Mark If Bu        |          |  |  |  |
|   | VIS MAC   |              |      |                      |                          |                       |                     | _   |  |   |                                    |                          |                      |             |                                |               |                              | X Small               |          |  |  |  |
|   | )5 WEST<br>LAN IL   |              |      |                      |                          |                       |                     |   | SEE SCHEDUL  |   |                                    |                          |                      | REDULE      | i                              |               |                              | Small                 |          |  |  |  |
| 1111  | JAN II  | 012          | 0-1  |                      |                          |                       |                     |   |  |   | 12. Discount Terms                 |                          |                      |             |                                |               | Disadvanta                   | aged                  |          |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  |   | 1/2-10%, N30                       |                          |                      |             |                                |               |                              | Woman-O               | wned     |  |  |  |
| Wollian-Owned   |   |              |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| TYPE BU   | TYPE BUSINESS: Other Small Business Performing in U.S.  13. Mail Invoices To See Block 15 |              |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| 14. Ship  |   |              |      |                      |                          | Code                  | <u>-</u>            |   |  | mont  | Will Do                            | 13. Mai<br>Made By       | II Invo              | ices 1      | Code                           | ****          | 339                          | Mark A                | 11       |  |  |  |
|   | SCHED   | ULE          |      |                      | `                        | Coue                  |                     |   |  |   |                                    | S CENTER                 | 1                    |             | Couc                           | _~            |                              | Packages .            |          |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  |   |                                    | MENT OPE                 | RATIO                | ONS         |                                |               |                              | Papers W              | /ith     |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  |   | X 18238:<br>BUS OH                 | 1<br>43218-              | 2381                 |             |                                |               |                              | Contract<br>Order Nur |          |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             |                                |               |                              | Order Nur             | IIDCI    |  |  |  |
| 16.   |   |              |      | This deliv           | ery orde                 | r ic icc              | med o               | n anof  | her Gov  | ernme   | ent agend                          | v or in ac               | rcords               | nce w       | ith and subi                   | ect to        | terms a                      | nd conditions of      |          |  |  |  |
| T O   | Delive  | ry           | Х    | above nui            |                          |                       |                     | n anot  | inci Gov   | CI IIII   | ni agen                            | y or in ac               | ccorua               | ance w      | itii aiiti subj                | cci to        | terins a                     | na conditions of      |          |  |  |  |
| YR  |   |              |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| P D   |   |              |      | Reference            |                          | Or                    |                     | _   |  | en Quotation  |                                    |                          |                      |             | , Dated                        |               |                              |                       |          |  |  |  |
| E E<br>R  | Purch   | 926          | -    |                      |                          |                       |                     |   |  | ed herein.<br>Accepts The Offer Represented By The No |                                    |                          |                      |             | Jumbarad Purchasa Ordar        |               |                              | As It May             |          |  |  |  |
| o n   | 1 di cii  | use          |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             | onditions S                    |               |                              |                       |          |  |  |  |
| F   |   |              |      | Perform 7            | The Sam                  | e.                    |                     |   |  |   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| -   | Nam   | e Of C       | ont  | ractor               |                          |                       |                     | Signat  | ure  |   |                                    | Type                     | d Nan                | ne And      | l Title                        | _             | ,                            | Date Signed           |          |  |  |  |
| Tf.   |   |              |      | d, supplier          | must sia                 | n Acco                |                     | 0   |  | ha fall   | owina n                            | • •                      |                      |             |                                |               |                              | 8                     |          |  |  |  |
|   |   |              |      | D APPROF             |                          |                       |                     |   | TIOT   |   | CHEDULE                            | uniber or                | copies               | ••          |                                | 1             |                              |                       |          |  |  |  |
| 18. Iten  |   |              |      | dule Of Su           |                          |                       |                     | 00111   |  | )uanti  |                                    | 21. Un                   | it                   | 22. U       | Init Price                     | 23.           | Amoun                        | t                     |          |  |  |  |
|   |   | SEE SCHEDULE |      |                      |                          |                       |                     |   |  | )rdere  | ď/                                 |                          |                      |             |                                |               |                              |                       |          |  |  |  |
|   |   |              |      | T TYPE:<br>Fixed-Pri |                          |                       |                     |   | Accepted*  |   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
|   | KIND OF CONTRACT: Supply Contracts and Priced Orders                                      |              |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| * If quar   | ntity acc   | epted l      | by t | the Govern           | ment                     | 24.                   | Unite               | d State   | es Of An   | nerica  |                                    |                          |                      |             |                                | 25.           | Total                        | \$5,460.0             | 0        |  |  |  |
| is same   | as quan   | tity or      | der  | ed, indicate         | e by X.                  |                       |                     |   |  |   |                                    |                          |                      |             |                                | 29.           |                              |                       |          |  |  |  |
| If different, enter actual quantity accepted  By: DRUCILLA JOHN  LOUNGONDON D. D.             |   |              |      |                      |                          |                       |                     | JOHNSON Contracting/Ord RIA.ARMY.MIL (309) 782-3575 |  |   | g/Ordering Officer Differ<br>ences |                          |                      | Differ-     | •                              |               |                              |                       |          |  |  |  |
| below quantity ordered and encircle. JOHNSOND@RIA.ARMY.MI: 26. Quantity In Column 20 Has Been |   |              |      |                      |                          |                       |                     |   |  | 11.1111   | 27. Shi                            |                          |                      | D.O. V      | oucher No.                     | 30.           | Initials                     |                       |          |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  | •   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| ☐ Inspected ☐ Received ☐ Accepted And Conforms To Contract                                    |   |              |      |                      |                          |                       |                     |   |  | Partial 32. Paid 1                                    |                                    |                          | Paid B               | Ву          | 33. Amount Verified Correct Fo |               | ct For                       |                       |          |  |  |  |
| Except As Noted   |   |              |      |                      |                          |                       |                     |   |  | Final   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             | Check Number                   |               |                              |                       |          |  |  |  |
| Date Signature Of Authorized Govt Representative  |   |              |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| 36. I certify this account is correct and proper for payment                                  |   |              |      |                      |                          |                       |                     |   |  |   | Complete                           |                          |                      |             |                                |               |                              |                       |          |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  |   | Partial                            |                          |                      |             |                                | 35.           | Bill Of                      | Lading No.            |          |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  |   | Final                              |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| Date Signature And Title Of Certifying Officer  |   |              |      |                      |                          |                       |                     |   |  | _   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |
| 37. Rec   | eived A   | t            |      | 38. Receiv           | . Received By 39. Date R |                       | teceived 40. To     |   | 40. Tot  | tal Contai  | al Containers 41.                  |                          | 1. S/R Account No. 4 |             | 42. S/F                        | R Voucher No. |                              |                       |          |  |  |  |
|   |   |              |      |                      |                          |                       |                     |   |  |   |                                    |                          |                      |             |                                |               |                              |                       |          |  |  |  |

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| CONTINUATION |       |

## Reference No. of Document Being Continued

PIIN/SIIN DAAE20-99-D-0023/0001 MOD/AMD

Page 2 of 4

Name of Offeror or Contractor: Lewis machine and tool

SUPPLEMENTAL INFORMATION

- 1. This Delivery Order 0001 establishes CLIN 0005AA for a quantity of 84 each, Staff Section, Clean, NSN: 1015-01-441-3113.
- 2. Delivery Order 0001 is issued during Pricing Period 1 (Date of award 24 Feb 99) for a quantity of 84 each at a unit price of \$65.00, or for a total value of \$5460.00.
- 3. All other terms and conditions of Contract DAAE20-99-D-0023 remain the same.

\*\*\* END OF NARRATIVE A001 \*\*\*

**CONTINUATION SHEET** 

## Reference No. of Document Being Continued PIIN/SIIN DAAE20-99-D-0023/0001 MOD/AMD

Page 3 of 4

Name of Offeror or Contractor: LEWIS MACHINE AND TOOL

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT     |
|---------|--|----------|------|------------|------------|
|         | SUPPLIES OR SERVICES AND PRICES/COSTS  |          |      |            |            |
| 0005    | Supplies or Services and Prices/Costs  |          |      |            |            |
| 0005AA  | PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/QV   | 84       | EA   | \$65.00000 | \$5,460.00 |
|         | NSN: 1015-01-441-3113 NOUN: STAFF SECTION, CLEAN FSCM: 19206 PART NR: 11580241 SECURITY CLASS: Unclassified PRON: M191F428M1 PRON AMD: 01 ACRN: AA AMS CD: 070011  |          |      |            |            |
|         | Packaging and Marking PACKAGING/PACKING/SPECIFICATIONS: COMMERCIAL LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial  |          |      |            |            |
|         | Inspection and Acceptance INSPECTION: Origin ACCEPTANCE: Origin  |          |      |            |            |
|         | Deliveries or Performance           DOC         SUPPL           REL CD         MILSTRIP         ADDR         SIG CD         MARK FOR         TP CD           001         W52H099118A602         W45G19         J         2           DEL REL CD         QUANTITY         DEL DATE           001         84         22-OCT-1999 |          |      |            |            |
|         | FOB POINT: Destination   |          |      |            |            |
|         | SHIP TO: <u>PARCEL POST ADDRESS</u> (W45G19) XU TRANS OFC  RED RIVER ARMY DEPOT  TEXARKANA TX 75507  |          |      |            |            |
|         | CONTRACT/DELIVERY ORDER NUMBER DAAE20-99-D-0023/0001   |          |      |            |            |
|         |  |          |      |            |            |
|         |  |          |      |            |            |
|         |  |          |      |            |            |
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| ·                       | CONTIN          | UATION            | CITEET                  | Refe                            | Page 4 of 4 |        |                         |                     |      |                                  |
|-------------------------|-----------------|-------------------|-------------------------|---------------------------------|-------------|--------|-------------------------|---------------------|------|----------------------------------|
|                         | CONTIN          | UATION            | эпее і                  | PIIN/SIIN DAAE20-99-D-0023/0001 |             |        | MOD/AMD                 |                     |      |                                  |
| Name                    |                 |                   |                         |                                 |             |        |                         |                     |      |                                  |
| CONTRAC                 | T ADMINISTRA    | ATION DATA        |                         |                                 |             |        |                         |                     |      |                                  |
| LINE<br>ITEM            | PRON/<br>AMS CD | OBLG<br>ACRN STAT | ACCOUNTING              | CLASSIFICATION                  |             |        | JOB<br>ORDER<br>NUMBER  | ACCOUNTI<br>STATION | ING  | OBLIGATED<br>AMOUNT              |
| 0005AA                  | M191F428M1      | AA 2              | 97 X4930A               |                                 | 26FB        | S11116 | NOMBER                  | W52H09              | \$   | 5,460.00                         |
|                         |                 |                   |                         |                                 |             |        |                         | TOTAL               | \$   | 5,460.00                         |
| SERVICE<br>NAME<br>Army |                 | AL BY ACRN<br>AA  | ACCOUNTING<br>97 X4930A | CLASSIFICATION<br>CGG 6D        | 26FB        | S11116 | ACCOU<br>STATI<br>W52H0 | ON                  | \$ _ | OBLIGATED <u>AMOUNT</u> 5,460.00 |
|                         |                 |                   |                         |                                 |             |        |                         | TOTAL               | \$   | 5,460.00                         |